

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/937678  
APPLICANT(S)

AS FILED		CLAIMS			
		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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50	/				
TOTAL IND.	↓		↓		↓
TOTAL DEP.	↓		↓		↓
TOTAL CLAIMS					

  

* 42-04 *		*	
IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.	↓		↓
TOTAL DEP.	↓		↓
TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS